

STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION
EMPLOYEE INTERVIEW: LABOR COMPLIANCE/EEO
HC-0031A(REV.4/91) CT#7541-3512-3

CONFIDENTIAL		CONTRACT #
<i>This document contains personal information and pursuant to Civil Code 1798.21 it shall be kept confidential in order to protect against unauthorized disclosure</i>		FEDERAL #
INSTRUCTIONS-(See Reverse Side)		
1. TO BE FILLED IN BY INTERVIEWER (Data may be obtained from payroll records or during source document review)		
EMPLOYEE NAME		LABOR CLASSIFICATION
MINIMUM BASE WAGE PER CONTRACT:	Base Rate	FRINGE BENEFITS
MINIMUM BASE WAGE PER PAYROLL (if available):	Base Rate	FRINGE BENEFITS
EMPLOYER		PRIME CONTRACTOR ON THE PROJECT (If same, state so)
WORK BEING PERFORMED AT TIME OF INTERVIEW		
2. QUESTIONS TO BE ASKED OF EMPLOYEE		
A. HOW LONG HAVE YOU WORKED FOR YOUR PRESENT EMPLOYER?		HOW LONG ON THIS PROJECT?
B. DESCRIBE THE TYPE OF WORK YOU HAVE BEEN DOING THIS PAST WEEK?		
C. WHAT IS YOUR WAGE (Including Base Rate and Fringe Benefits (Compare to Payroll))		DO YOU KEEP A RECORD OF HOURS WORKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
D. DO YOU WORK OVERTIME? <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> SELDOM <input type="checkbox"/> NONE ARE YOU PAID TIME AND ONE HALF FOR OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN
E. HAS YOUR EMPLOYER DIRECTED YOUR ATTENTION TO THE REQUIRED WAGE RATE POSTER ON THE PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU SEEN THESE POSTERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN
F. ARE YOU AWARE OF THE CONTRACTOR'S EEO POLICIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES THE CONTRACTOR HOLD REGULAR EEO MEETINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN?
WHO CONDUCTS THE MEETINGS?	WHO IS THE EEO OFFICER FOR YOUR EMPLOYER?	WHO IS THE EEO OFFICER FOR THIS PROJECT?
G. ARE YOU INTERESTED IN/OR HAS YOUR EMPLOYER INFORMED YOU OF UPGRADING AND TRAINING POSSIBILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN
3. ADDITIONAL QUESTIONS FOR OWNER OPERATORS		
A. EQUIPMENT DESCRIPTION		TRUCK LICENSE NO. TRUCK (CAL-T)NO
HOURLY RATE \$ _____ (Fully operated & Maintained)	BASE EQUIPMENT RATE \$ _____	ON WHAT DO YOU BASE YOUR EQUIPMENT RENTAL RATE? <input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
B. DO YOU OWN THE EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY I SEE YOUR CERTIFICATE OF OWNERSHIP? (Interviewer Note Response) <input type="checkbox"/> YES <input type="checkbox"/> NO
LEGAL OWNER		REGISTERED OWNER
4. EMPLOYEE COMMENTS Do you have any comments or complaints about wages or EEO policies?		5. INTERVIEWER'S COMMENTS
INTERVIEWER'S SIGNATURE		RESIDENT ENGINEER SIGNATURE
DATE: _____		DATE: _____

Distribution: (1) Original - Local agency project files

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DIRECTIONS TO INTERVIEWER

1. Fill in Section 1 from payroll records, if available, after interview
2. Fill in Section 2 completely. (does not apply to owner operators)
3. Fill in Section 3 completely.
4. Employee comments optional in Section 4.
5. Interviewer comments on findings and recommendations
further actions be taken. Attach additional sheets if necessary.